

P98000085852

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZART
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

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10 DEC 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL
PORTER MEDICAL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

CRD 028529/050349

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 20 PM 3:37

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UP

Effective Date
12-31-10

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Porter Medical Products, Inc.

SECOND: The document number of the corporation (if known): P98000085852

THIRD: The date dissolution was authorized: December 13, 2010

Effective date of dissolution if applicable: 12/31/2010

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Gary K. Porter, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Porter Medical Products, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name of Claimant:

Address of Claimant:

Amount of the Claim:

Nature of the Claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gary K. Porter, Jr.

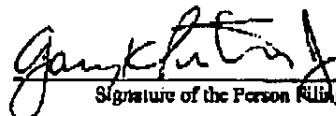
372 Caddle Drive

DeBary, FL 32713

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Gary K. Porter, Jr., President

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00